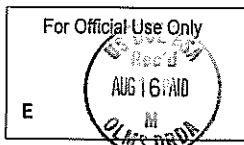


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>7512</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>2004</u> Through: <u>12</u> / <u>31</u> / <u>2004</u>
3. Name and address of person filing. Name <u>Leo</u> <u>A</u> <u>Damaris</u> P.O. Box, Bldg., Room No., if any <u>Room 200</u> Street <u>2001 Veterans Memorial Blvd</u> City <u>Kenner</u> State <u>Louisiana</u> ZIP Code + 4 <u></u>	4. Name, file number, and address of labor organization. Name <u>Asbestos Workers Local Union #53</u> Labor Organization File Number <u>011373</u> P.O. Box, Building and Room Number, if any <u>Room 200</u> Street <u>2001 Veterans Memorial Blvd.</u> City <u>Kenner</u> State <u>Louisiana</u> ZIP Code + 4 <u>70062-5466</u>
5. Position in labor organization. <u>Business Manager</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <u></u> Trade Name, if any: <u></u> P.O. Box, Bldg., Room No., if any <u></u> Street <u></u> City <u></u> State <u></u> ZIP Code + 4 <u></u>	7.a. Nature of Interest, Transaction, or Income. <u></u> 7.b. Amount. <u></u>

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Leo A Damaris

On 8/11/05
Date

504-468-9548
Telephone Number

Name of Person Filing Leo Damaris	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Asbestos Workers Local #53 Welfare Fund</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any Room 201</p> <p>Street 2001 Veterans Memorial Blvd.</p> <p>City Kenner</p> <p>State Louisiana ZIP Code + 4 70062-5466</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Asbestos Workers Local #53 Welfare Fund</p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any Room 201</p> <p>Street 2001 Veterans Memorial Blvd.</p> <p>City Kenner</p> <p>State Louisiana ZIP Code + 4 70062-5466</p>	<p>11.a. Nature of such dealing.</p> <div style="border: 1px solid black; height: 80px; margin: 5px;"></div> <p>11.b. Approximate dollar value of such dealing. </p> <p>12.a. Nature of interest held or income received.</p> <p>Reimbursement for expenses, training 11/30/04 - 12/04/04. I have no financial interest in the welfare fund and receive no income from the welfare fund.</p> <p>12.b. Amount. \$30</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name </p> <p>Trade Name, if any: </p> <p>P.O. Box, Bldg., Room No., if any </p> <p>Street </p> <p>City </p> <p>State ZIP Code + 4 </p>	<p>14.a. Nature of payment.</p> <div style="border: 1px solid black; height: 150px; margin: 5px;"></div>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment. </p>

Name of Person Filing Leo Damaris

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Robein, Urann & Lurye Law Firm

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 400

Street 2540 Severn Ave.

City Metairie

State Louisiana ZIP Code + 4 70009-6768

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Asbestos Workers Local 53 Pension Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Suite 201

Street 2001 Veterans Blvd.

City Kenner

State Louisiana ZIP Code + 4 70062

11.a. Nature of such dealing.

Provides legal services to Asbestos workers Local 53 Pension and Welfare Fund and the Local Union.

11.b. Approximate dollar value of such dealing.

\$31,376

12.a. Nature of interest held or income received.

Participation in two charity fund raisers, 6/4/04 Cystic Fibrosis & 10/22/04 Muscular Distrophy- \$60.00 each. Christmas fruit basket \$37.00 I have no financial interest in the law firm and I receive no income from this firm.

12.b. Amount.

\$157

Name of Person Filing Leo Damaris

File Number U-

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Asbestos Workers Local 53 J.A.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Room 201

Street 2001 Veterans Blvd.

City Kenner

State Louisiana ZIP Code + 4 70062

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Asbestos workers 53 J.A.C.

Trade Name, if any:

P.O. Box, Bldg., Room No., if any Room 201

Street 2001 Veterans Blvd.

City Kenner

State Louisiana ZIP Code + 4 70062

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Reimbursement for refreshments @ asbestos abatement training class. (\$40) I am an employee of the JAC, paid over the reporting \$1,440. \$640 for asbestos abatement training 5/24/04 and \$800 for contract labor 11/20/04.

12.b. Amount.

\$1,480